



Division of Mental Health and Addiction  
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## DMHA Youth Home & Community-Based Wraparound Services (HCBS) Respite Service Provider Instruction Form

Interested parties who wish to participate in one of the Division of Mental Health and Addiction's (DMHA) Youth Home & Community-Based Wraparound Services (referred to as HCBS) programs must meet criteria as a provider for the HCBS program and be approved by DMHA as an HCBS provider. This instruction sheet is intended to assist the applicant in understanding what is needed in order to complete the Respite Services Provider application form for one or more of the following DMHA Youth HCBS programs:

HCBS Service Program	Supporting Regulation*	Operating Agency	Medicaid Agency
Psychiatric Residential Treatment Facility Transition Waiver (PRTF Transition Waiver)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2756.htm">http://www.in.gov/fssa/dmha/2756.htm</a>	<i>CMS Approved Waiver:</i>  IN.03.R02.00	DMHA	Office of Medicaid Policy and Planning (OMPP)
Money Follows the Person- Psychiatric Rehabilitation Treatment Facility Grant (MFP-PRTF Services Program)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2760.htm">http://www.in.gov/fssa/dmha/2760.htm</a>	<i>CMS Approved Waiver Grant:</i>  1LICMS300150	Division of Aging	OMPP
1915(i) Child Mental Health Wraparound Services State Plan Amendment (CMHW Services Program)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2764.htm">http://www.in.gov/fssa/dmha/2764.htm</a>	<i>CMS Approved SPA: #12-013</i>  <i>Indiana Rule: 405 IAC 5-21.7-1</i>	DMHA	OMPP

\*State and federal rules and regulations are outlined in the Supporting Regulations listed and supersede all other instruction. Additional clarifying information may be obtained in the DMHA Youth HCBS Provider Manual published for each service program residing on the DMHA website (<http://www.in.gov/fssa/dmha/2732.htm>) and the Indiana Medicaid website (<http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>). A glossary of terms frequently used is also posted on the DMHA Youth Services Website.

### Respite Services (Brief Description)

Respite Care services are provided to participants unable to care for him/herself; and are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. The Respite Care Service may be provided as needed short-term basis to offer relief to the family from stressors associated with caring for a seriously emotionally disturbed (SED) youth.

### Facility-Based Criteria and Standards Requirements

- 1) Accredited Agencies eligible to apply for Respite Care Services include the following:
  - a) Agency Certification: CMHC Certification or Proof of National Accreditation of the Agency  
Emergency shelters licensed under 465 IAC 2-10 (Copy of license required)
  - b) Special needs foster homes licensed under IC 31-27-4 (Copy of license required)
  - c) Therapeutic foster homes licensed under IC 31-27-4 (Copy of license required)
  - d) Child Care Centers licensed under IC 12-17.2-4 or Child Care Homes, licensed under IC 12-17.2-5-1 or School Age Child Care Project licensed under IC 12-17-12; or Other child caring institutions licensed under IC 31-27-3 (Copy of license required)

- e) Medicaid approved PRTF under 405 IAC 5-20-3.1 and licensed under 465 IAC 2-11-1 as private secure residential facility (copy of license required)
- 2) Non-accredited Community Service Agencies must receive approval from DMHA, based on licensure of individuals providing services.
- 3) Agencies must maintain documentation that individual providing the service meets service standards and requirements listed in *Other Standards* section below.

### **Provider Criteria and Requirements**

All applicants for Respite Services Provider approval must meet the following criteria:

- 1) High school diploma, or equivalent
- 2) At least 21 years of age
- 3) Valid driver's license
- 4) Individual has a safe driving record and a maintained vehicle (Confirmed by signed DMHA provider agreement)
- 5) Current auto insurance on motor vehicle
- 6) Current registration on motor vehicle
- 7) CPR Certification (Copy of certificate) (Program approved by the American Heart Association)
- 8) Applicant must complete and pass the following screenings\*\*:
  - a) Finger-print based national and state criminal history background screen
  - b) Local law enforcement screen
  - c) State and local Department of Child Services abuse registry screen
  - d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a)(1)
- 3) Three (3) years of SED Qualifying Experience - Applicant must have acquired qualifying SED experience, which includes the following:
  - a) "Qualifying" direct experience means that the applicant has worked directly with the SED population in a way that builds functional skills, such as group counseling, one-on-one counseling, provision of skills training, and/or provision of therapeutic recreational activities.
  - b) Also included would be persons providing therapeutic foster care, or persons working in a capacity that may not involve mental health care, but where the work is targeted at a defined SED population.
  - c) Experience in case management, therapy, and/or skills training in conjunction with a mental health center may also be considered as qualifying experience.
  - d) The most recent qualifying experience with the SED population should be no more than 3 years prior to the date of application. Experience more than 8 years in the past will not be considered as qualifying.
  - e) The SED experience requirement excludes "incidental experience" with an SED child or population. This means that if the work of the provider may have been with a child with SED, but the defined work role was not intended to address this directly, the experience does not qualify towards the requirement. Examples of "incidental experience" would include:
    - I) Owner of a day care for children who throughout his/her years of experience have had children classified as severely emotionally disturbed.
    - II) A bus driver with children on his/her route who have been classified as severely emotionally disturbed.
    - III) The facilitator of a youth group or bible school class with some children in the group having been classified as severely emotionally disturbed.
    - IV) A family therapist with some of the children/youth having been classified as severely emotionally disturbed.

- V) A classroom teacher with some children in the class having been classified as having a severe emotional disturbance.
- VI) Staff whose work with children has been with the developmentally disabled population only.
- VII) An individual whose work has been with children from ages 0-5.

*\*\*Refer to HCBS Provider Manual for the program approval is being sought for additional information regarding applicant screening requirements.*

### **Family Member Criteria and Requirements**

- 1) Individual Providers must receive approval from DMHA, based on licensure of individuals providing services.
- 2) Respite Services may be provided by any relative related by blood, marriage, or adoption who is not the legal guardian and who does not live in the home with the child. Respite providers who are relatives must meet the following:
  - a) Approved by DMHA as a CMHW services provider;
  - b) Selected by the family/child to provide the service; and
  - c) Maintains the qualifications required for Respite service for an Individual Service Provider (Refer to *Other Criteria and Standards* below). See provider application for submission requirements.

### **Training Requirements**

The following trainings are required by DMHA:

- 1) DMHA Youth HCBS Program Provider Orientation Webinar: Applicant must complete this training, which is offered as a Webinar through DMHA. DMHA will provide applicant with the web link to complete the training. After completing the training, print and complete the Orientation Training certificate as documentation of completing the webinar. **Note:** PowerPoint is available to be printed prior to the webinar for note taking purposes; however, the training certificate is not available through the PowerPoint, but only through the webinar.
- 2) Indiana Strengthening Our Communities (IN SOC) Webinar: Applicant must complete this training, which is offered as a Webinar through DMHA. DMHA will provide applicant with the web link to complete the training. After completing the training, print and complete the Training certificate as documentation of completing the webinar.
- 3) DMHA Youth Services Respite Services Training: Upon DMHA approval, the applicant will receive an invitation to attend the DMHA Youth Services Respite Services Training and will be provided with training logistics (date, time, location). Please retain the DMHA pre-qualification notification email, as it will be required to show documentation of DMHA approval in order to attend this training.

### **Application Process**

Applying to become a DMHA-approved Youth HCBS provider is a multi-step process. Interested applicants may apply as follows:

- 1) Review the service and program specific provider criteria (e.g., Wraparound facilitator for MFP, Habilitation for CMHW, etc.).
- 2) Complete the DMHA Youth HCBS Program Provider Orientation Webinar to answer questions about the HCBS program. Retain the completion certificate that is attained through the webinar for submission with the application packet.
- 3) Complete the Indiana Strengthening Our Communities (IN SOC) Webinar to familiarize self with Indiana's plan and initiatives around System of Care. Retain the completion certificate that is attained through the webinar for submission with the application packet.
- 4) Submit a resume with contact information (email preferred) and description of experience with children/youth ages 6-18 that have been identified as having a Severe Emotional Disturbance (SED). The description of experience (maximum of 3 pages) must include references to allow for verification of

statements in resume and letter. Resumes and SED experience documentation are to be emailed to [DMHAYouthServices@fssa.IN.gov](mailto:DMHAYouthServices@fssa.IN.gov); or mailed to:

Division of Mental Health and Addiction

Attn: Youth Services Team

402 W. Washington St., W353

Indianapolis, IN 46204-2739

- 5) DMHA will review the applicant's resume and letter received to determine if applicant's SED experience meets DMHA-defined criteria for a Habilitation Services Provider. DMHA reserves the right to make the final determination regarding the applicant's meeting SED experience criteria as an HCBS provider. Applicants will receive notification of the DMHA decision via email:
  - a) Those applicants meeting the provider criteria and SED experience requirements will be invited to attend the *DMHA Youth Respite Services Provider Orientation Training*.
  - b) Those applicants not meeting provider criteria and SED experience requirements will be denied as a HCBS provider.
- 6) Applicants meeting all provider criteria and successfully completing the required HCBS training must submit a Provider Application Packet to DMHA (to address listed on the application form) for review and final approval. Contents of the application packet include the following:
  - a) Provider Demographic Form
  - b) Respite Services Provider Application (applicant may submit other service provider applications for other services in which they are applying within one application packet.
  - c) DMHA Youth HCBS Provider Agreement
  - d) Any other required collateral materials

### **DMHA Review of Application Packet**

Once received, DMHA will review the application packet for completeness. If an application is not complete, the applicant will receive notification regarding the missing elements (e.g., signatures, required documentation, missing information, etc.). Applicants will be notified of the timeline for submitting the required information. If updated information is not received within the required timeframe, the application will be purged.

DMHA will only process complete application packets. After review of a complete application packet, DMHA will render a final decision regarding an applicant's eligibility to be a DMHA-approved HCBS provider. The determination will be communicated by email in a dated letter on FSSA letterhead; and will contain an official signature. Approvals are not active until receipt of the aforementioned letter by the applicant. The following should also be noted.

If submitting a "renewal of approval" application, ensure it is submitted 60 days prior to expiration of the current DMHA approval (to avoid revocation due to expiration of the approval). All renewal of approval applications follow the same process as outlined in this instruction sheet.

### **Medicaid Approval for HCBS Billing**

Individuals/Agencies meeting criteria and receiving a DMHA provider approval letter must also apply for a Medicaid Indiana Health Care Provider (IHCP) provider number before they begin providing and billing for the HCBS program. The DMHA approval letter will be a required component of the application packet to Medicaid. Visit [www.indianamedicaid.com](http://www.indianamedicaid.com) for additional information regarding the Medicaid application.